

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of: Michel REVEL et al.

Art Unit:

Application No.: 09/980,823

Examiner:

Filed: December 6, 2001

Washington, D.C.

For: IL6RIL6 CHIMERA FOR THE TREATMENT OF NEURODEGENERATIVE DISEASE

Atty.'s Docket: REVEL=16

Date: January 9, 2002

THE COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

Sir:

Transmitted herewith is a ☒ Supplemental Preliminary Amendment []
in the above-identified application.☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.☒ No additional fee is required.☐ The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA EQUALS
TOTAL	* 9	MINUS	** 20	0
INDEP.	* 3	MINUS	*** 3	0
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

ADDITIONAL FEE TOTAL

SMALL ENTITY	
RATE	ADDITIONAL FEE
x 9	\$
x 42	\$
+ 140	\$
ADDITIONAL FEE TOTAL	
\$	

OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE
x 18	\$
x 84	\$
+ 280	\$
TOTAL	
\$	

OR

OR

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid for" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid for" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (total or independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment of the number of claims originally filed.

☒ Conditional Petition for Extension of Time

If any extension of time for a response is required, applicant requests that this be considered a petition therefor.

☐ It is hereby petitioned for an extension of time in accordance with 37 CFR 1.136(a). The appropriate fee required by 37 CFR 1.17 is calculated as shown below:

Small Entity

Response Filed Within

☐ First - \$ 55.00
☐ Second - \$ 200.00
☐ Third - \$ 460.00
☐ Fourth - \$ 720.00

Month After Time Period Set

Other Than Small Entity

Response Filed Within

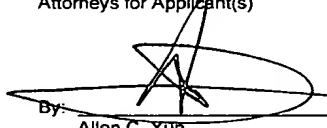
☐ First - \$ 110.00
☐ Second - \$ 400.00
☐ Third - \$ 920.00
☐ Fourth - \$ 1440.00

Month After Time Period Set

☐ Less fees (\$) already paid for ___ month(s) extension of time on _____.☐ Please charge my Deposit Account No. 02-4035 in the amount of \$ _____.☐ Credit Card Payment Form, PTO-2038, is attached, authorizing payment in the amount of \$ _____.☐ A check in the amount of \$ _____ is attached (check no.).☒ The Commissioner is hereby authorized and requested to charge any additional fees which may be required in connection with this application or credit any overpayment to Deposit Account No. 02-4035. This authorization and request is not limited to payment of all fees associated with this communication, including any Extension of Time fee, not covered by check or specific authorization, but is also intended to include all fees for the presentation of extra claims under 37 CFR §1.16 and all patent processing fees under 37 CFR §1.17 throughout the prosecution of the case. This blanket authorization does not include patent issue fees under 37 CFR §1.18.

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Michel REVEL et al.)	
)	
U.S. Serial No.: 09/980,823)	Washington, D.C.
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Filing Date: December 6, 2001)	January 9, 2002
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For: IL6RIL6 CHIMERA FOR...)	Docket No.: REVEL=16

SUPPLEMENTAL PRELIMINARY AMENDMENT

Honorable Commissioner for Patents
Washington, D.C. 20231

Sir:

Prior to examination on the merits, please amend as follows:

IN THE CLAIMS

Please cancel claims 1-4 without prejudice and add new claims 11-13 in place thereof as follows:

--11(New). The method of claim 9, wherein the neurological disease or disorder treated is traumatic nerve degeneration, a demyelinating disease of the CNS or PNS, and/or a neurodegenerative disease.--

--12(New). The method of claim 11, wherein the demyelinating disease treated is multiple sclerosis (MS).--

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